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SDNY DOCKET UNIT
UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK
2018 JUL 11 AM 10:59

Zahmeil D. Washington-Skele

18CV6894

CV

Write the full name of each plaintiff.

(Include case number if one has been assigned)

-against-

COMPLAINT

(Prisoner)

Officer Perez #18670
Department of Corrections /
Mental Health and Hygiene

Do you want a jury trial?

☒ Yes ☐ No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other: _____

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary:

Zahmeil D Washington-Steele
First Name Middle Initial Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

9901800002 / 3491709767

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

09-09 hazon St East Elmhurst NY 11370
Current Place of Detention

G.R.V.C. 09-09 hazon St
Institutional Address

East Elmhurst NY 11370
County, City State Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

☐ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☐ Convicted and sentenced prisoner

☒ Other: Regular detainee

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1: Officer Perez 18670
 First Name Last Name Shield #
Correction Officer
 Current Job Title (or other identifying information)
AMKC 18-18 hazon st
 Current Work Address
East Elmhurst NY 11370
 County, City State Zip Code

Defendant 2: John Doe
 First Name Last Name Shield #
Correction Officer
 Current Job Title (or other identifying information)
AMKC 18-18 hazon st
 Current Work Address
East Elmhurst NY 11370
 County, City State Zip Code

Defendant 3: John Doe
 First Name Last Name Shield #
Department of mental Health
 Current Job Title (or other identifying information)
AMKC 18-18 hazon st
 Current Work Address
East Elmhurst NY 11370
 County, City State Zip Code

Defendant 4:
 First Name Last Name Shield #
 Current Job Title (or other identifying information)
 Current Work Address
 County, City State Zip Code

V. STATEMENT OF CLAIM-

Place(s) of occurrence: Rikers Island

Date(s) of occurrence: 10-03-17 to present

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

I have been deprived of my rights and improperly begin taking care of since I've been in D.C. custody I have been assaulted by inmates because I am Gay. My outgoing and incoming mail is begin tampered with. Either it takes months for it to go out and for me to receive incoming mail within the tristates or it never goes out and I never receive it coming back. I have several mental illness such as Bipolar, major Depression, ADHD, ODD, and paranoid and Delusional schizophrenia I've been taking Mental Health Meds since 98 (I have medical records to prove) Department of Mental health and Hygiene has been refusing to give me my proper medication I was verbally Sexual Harass by officer preze #18670 ("you walking around with those tight ass thermos on looking like you

Wanna get Sucked") I have put in several complaints and 311 complaints about these issues nothing has been done you can even subpoena my phone records for proof

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

Torment, Pain, suffering, traumatize,
scared for my life, PTSD

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

I want \$1,000 for everyday that I have been incarcerated and impropriety been taking care of and I want 40% of officer Perez's pension for 96 months for verbal sexual harassment and sexual harassment.

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

7-24-18

Dated

Zahmeil Washington-Steele

Plaintiff's Signature

Zahmeil

First Name

D

Middle Initial

Washington-Steele

Last Name

09-09 Hazen St

Prison Address

East Elmhurst

County, City

NY

State

11370

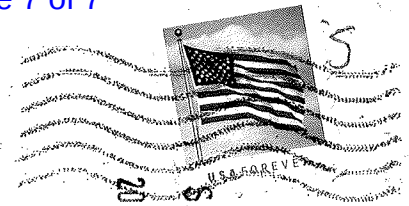
Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: 7-24-18

eil Washington-Steele 9901800002
hazan St
Elmhurst NY 11370

NEW YORK NY 100

26 JUL 2018 PM 7:1



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SDNY DOCKET UNIT
2018 JUL 31 AM 10:59

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SDNY

Pro se Intake Unit
300 Pearl St
New York, NY 10007

gal mail

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